

Congressman Blumenauer is a strong supporter of Medicare and has continually opposed Republican legislation that would diminish Medicare benefits. As our employer-based health insurance system continues to crumble and more seniors depend on Medicare as their only source for health care coverage, maintaining a robust Medicare program has never been more important.

As a member of the Committee on Ways and Means, Congressman Blumenauer has been working on Medicare reform to tackle the perverse incentives that have led to geographic disparities in health care utilization. Oregon is a model for low-cost, efficient care and can be a model for the country in achieving high-quality, efficient, patient-centered health care.

## Reforms to Medicare

The following reforms to Medicare are a result of the recently passed health care insurance reform bill:

- Medicare will no longer have out-of-pocket costs for the “Welcome to Medicare” physical exam starting on January 1, 2011 and, for the first time since the Medicare program was created in 1965, Medicare will cover an annual wellness visit with a participating doctor, also at no cost. This will allow beneficiaries enrolled in Medicare for more than 12 months to meet with their doctors once a year to develop and update a personalized prevention plan as their needs change over time.
- Most people with Medicare will be able to receive free preventive services, including flu shots, cancer screenings and diabetes testing.
- Seniors who reach the coverage gap will receive a 50 percent discount when buying brand-name prescription drugs covered by Medicare Part D. Over the next ten years, seniors will receive additional savings on brand-name and generic drugs until the coverage gap is closed in 2020.

Many doctors and other health care professionals who provide primary care to people with Medicare will get a 10 percent bonus. This will help ensure that primary care providers can continue to be there for Medicare patients.

## Advanced Care Planning

While there is widespread agreement in the principle that individuals should be fully involved in decisions related to their health care, too often this is not the reality. Most adults have not completed an advance directive; if documents are completed, they can be difficult to locate when needed; and because these issues are difficult to discuss, often surrogates still feel ill-prepared to interpret their loved ones' written wishes. These shortcomings leave families faced with the burden of determining their loved ones' wishes in the midst of crisis, adding greater stress and anxiety.

One of the greatest misconceptions advance directives is that they are only used to forgo medical treatment – this is simply not true. With an advance directive, you can express how much or how little you want done for you when you are no longer able to make these decisions. The forms are designed to allow individuals to customize and personalize their wishes so that they are able to stay in control of their health care. Additionally, advance care planning should not be just a one-time event. Attempting to plan for all possibilities in a single document or within a single conversation is both overwhelming and impossible. For advance care planning to be successful, it must become an ongoing conversation about future care wishes among individuals, their trusted health care providers, and surrogates.

This process not only provides higher quality care, but personalized care.

In the 111<sup>th</sup> Congress Congressman Blumenauer introduced the [Personalize Your Care Act](#) to help patients stay in control of their health care by providing coverage under Medicare and Medicaid for voluntary advance care planning consultations. During the 2009 health care reform debate, reimbursement of advance care planning discussions was demonized as "death panels," a reference that earned it the title of ["Lie-of-the-Year"](#)

by the non-partisan PolitiFact. Recently, the Center for Medicare and Medicaid Services (CMS) published regulations for a new Medicare benefit which provides beneficiaries with a personalized prevention plan. During the regulatory process, CMS received public comments from patient advocates, physician organizations, and members of Congress urging the addition of voluntary advance care planning. Based on these comments and recent research showing that patients benefit from these conversations, CMS included voluntary advance care planning in the list of benefits included in these routine check-ups; however, that decision was reversed due to continued [misrepresentation and even outright lies](#) about advance care planning.

While the inclusion of voluntary advance care planning in these regulations would have been a step in the right direction, it is far from the objective of ensuring that every American has the opportunity to make their care wishes known and respected within our complex health care system. Congressman Blumenauer remains committed to advancing the cause of patient self-determination.

